

**POC Site ID
1720007200**



For Office Use Only:
Entered in Procure
Date: ___/___/___
By: _____

Harvest Christian Academy CREDIT CARD AUTHORIZATION

Check Only One (1) Selection and Enter Your Details.

- **Recurring Charge** - You authorize regularly-scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____, authorize Harvest Christian Academy to charge my credit card below for the current weekly tuition rate for _____ on the first business day of each week.
(Student's Name)

- **One (1) Time Charge** - Sign and complete this form to authorize Harvest Christian Academy to make a one-time charge to your credit card account listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____, authorize Harvest Christian Academy to charge my credit card indicated below for \$ _____ on ___/___/___ for _____.

Billing Information

Cardholder Name _____ Phone # _____

Billing Address _____

City, State, Zip _____ Email _____

Credit Card Account Number _____ - _____ - _____

Expiration Date ___/___/___ CVV # ___ ___ ___

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above-noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a rejected payment, I understand that the merchant may at its discretion attempt to process the charge again within 30 days and agree to an additional \$35 charge for each attempt returned which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

AUTHORIZED SIGNATURE _____ **DATE** ___/___/___